Docket No.: 1718-0232PUS1

REMARKS

The present amendment is submitted herewith to amend the Specification to recite the priority information associated with this application as evidence by the attached Declaration and Power of Attorney document on file in this application. These proposed changes are merely editorial in nature and do not raise any new issues, neither do they add any new matter.

Accordingly, Applicants request entry of the amendments.

Should there be any outstanding matters that need to be resolved in the present application, the Examiner is respectfully requested to contact Susan W. Gorman Reg. No. 47,604 at the telephone number of the undersigned below, to clarify any remaining issues or to conduct an interview in an effort to expedite issuance of the present application.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37.C.F.R. §§1.16 or 1.17; particularly, extension of time fees.

Dated: July 7, 2010

Respectfully submitted,

By \$ 47,604

Leonard R. Svensson Registration No.: 30,330

> BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive

Suite 260

San Diego, California 92130

(858) 792-8855

Attorney for Applicant

Enclosure: Declaration and Power of Attorney document

Attorney Docket No. 1718-0223PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	next to my name; that I ve	rily believe that and joint invent	I am the original, fit or (if plural invento	re, post office address and c st and sole inventor (if only rs are named below) of the ed:	one inventor is named
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	the specification of which docket number as set forth	is attached here above and/or th	to. If not attached he following:	ereto, the application is ide	ntified by the attorney
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nsert Provisional	I hereby claim the benefit listed below.	under Title 35, U	nited States Code, §1	19(e) of any United States pr	ovisional applications(s)
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	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:				
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Page 1 of 3

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application and out transact all business in the United States Patent and Fraction to Collect of this application and to inconnection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

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THE FOLLOWING:	I beeely declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that sufficient and the statements and the like on near are pushshable by fine or improvement, or both, under Section 1001 or Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Full Name of First to Sole Intention	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	_	DATE		
Investor	Ian GILBERT	Ian Culut		DATE*		
Decembel is Signed	Jan Cupe			11 · AUG 2006		
Innert Residence Innert Citizenship	Residence (City, State & Country) DUNDÉE, SCOTLAND,	uk cmiz		HIP UK		
Instal Part Office Address -	MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK					
Full Name of Second Investor, if any: use above	GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENS	HIP FR		
	Welsh School of Pharmacy; Cardiff University; K	MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK				
Fell Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
invertor, if any	Gian Filippo RUDA	Lauflyto Duste		2005 DUA BI		
	Residence (City, State & Country) BUNDES, SCOTLAN	10 , UK	CITIZENS	HIP IT		
	MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CP10 3XF; UK					
Full Name of Pourth Investor, if any: one above	GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	inventors signature	22	18 AV4 2006		
	Residence (City, State & Country) DVNDEE	SCOTI AN UK	CITIZENS	-TIP		
MAILING ADDRESS (Complete Street Address Including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK				K		
Fell Name of Pitth Investor, if any: use above	GIVEN NAME/FAMILY NAME Ganasan KASINATHAN	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHIP MY			
	MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK					
Full Name of Sinth Investor, if any: one above	GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address i Medivir AB; Lunastigen 7; S-141 44; Huddinge; S	ncluding City, State & Country) WEDEN	1			

*DATE OF SIGNATURE

I hereby appoint the practitioners at CUSTOMER NO. 0222 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Practical States and the Council of the C

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or funginosment, or both, under Section [00] of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the FOLLOWING: application or any patent issued thereon. Pell Name of Brat or Sale Inventors Inactal Name of Instance — Inactal Date Title Decement In Signed GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Ian GILBERT Residence (City, State & Country) Innert Residence Innert Chicanabia --UK MAILING ADDRESS (Complete Street Address including City, State & Country) Invert Foot Office Addrsos Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK GIVEN NAME/FAMILY NAME Full Name of Second Investor, if anys see above INVENTOR'S SIGNATURE DATE* Corinne NGUYRN Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE all News of Third Investor, if any ere above DATE* Gian Filippo RUDA Residence (City, State & Country) FF MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE ell Name of Faurit Interder, if anys

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Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE di Name of Fifth Arreter, if any: eer above Ganasan KASINATHAN Residence (City, State & Country) CITIZENSHIP CARDIFF, UK.

Alessandro SCHIPANI Residence (City, State & Country)

MAILING ADDRESS (Complete Street Address including City, State & Country)
Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK GIVEN NAME/FAMILY NAME

INVENTOR'S SIGNATURE DATE* Nils-Gunnar IOHANSSON Residence (City, State & Country) CITIZENSHIE

MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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THE	I herely declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under Section 100 of 17tile 18 of the United States Code and that such willful false statements may Jeopardize the validity of the application or any patent issued thereon.				
Fall Name of Float or Solt Inventor	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Insert Name of Intentor Insert Date This Document is Signed	lan GILBERT	III TENTONOMINO	_	DATE	
Insert Resistance Insert Citizenship -	Residence (City, State & Country)		CITIZENS	HIP UK	
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Fell Name of Second Inventor, if anys	GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE		DATE*	
200 4 000 14					
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Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: ore above	Gian Filippo RUDA			5	
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Full Name of Fourth	GIVEN NAME/FAMILY NAME		4,011,		
Inventor if any inventor if any see above	Alessandro SCHIPANI	INVENTOR'S SIGNATURE		DATE*	
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	Welsh School of Pharmacy; Cardiff University; K	ang Edward VII Avenue; CF103X	F; UNITED	KINGDOM	
Fall Name of Fifth Inventor, if any; see above	GIVEN NAME/FAMILY NAME Ganasan KASINATHAN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP MY	
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Fall Name of Stata	CIVIEN MAME (FAVOUNA) (II				
Invente, if any:	Nils-Gunnar JOHANSSON	Nil Gum John	m	Stot 18 246	
	Residence (City, State & Country) BAVERSTIGENIA, 15023 EN	HÖRNA; SWEDEN	CITIZENS.		
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Pail Name of Second Investor, if any; see above	GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTORS SIGNATURE		DATE* 14/08/2006	
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Full Name of Third inventor, if any see above	GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTORSSIGNATURE		DATE*	
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Full Name of Fourth Inventor, If any; see above	GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)	CITIZENSHIP IT			
	MAILING ADDRESS (Complete Street Address including City, State & Country) Welch School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CP10 3XF; UK				
Pull Name of 1986 Inventor, if may: see above	GIVEN NAME/FAMILY NAME Ganasan KASINATHAN	INVENTOR'S SIGNATURE		DATE*	
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^{*}DATE OF SIGNATURE

Full Name of Secreta	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE*	
larentor, Manys see above	Dolores Gonzalez PACANOWSKA			5274, 2006	
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	Granada, Granada, Spain			ES	
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Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Full Name of Eight Inventor, if any: see above					
	Residence (City, State & Country)		CITIZENS	HIP	
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	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Fall Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: nee above				22	
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Investor, if any: see above					
	Residence (City, State & Country)		CITIZENS	HIP	
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